



## United States Senate

WASHINGTON, DC 20510-0905

BILL NELSON  
FLORIDA

September 10, 2003

The Honorable Everett Alvarez, Jr.  
Chairman  
CARES Commission  
Department of Veterans Affairs  
810 Vermont Avenue, NW,  
Washington, DC 20480

Dear Chairman Alvarez:

I appreciate the opportunity to provide comments to the CARES Commission on the draft national CARES plan and its impact on Florida. Florida has the second largest veterans population in the country; therefore any change in the services provided by the Veterans Administration has an enormous impact on our Florida communities.

I support this process that the VA is using to take a critical look at the current use of infrastructure and staff, while balancing the need to provide veterans with adequate and accessible service. The draft national CARES plan has recognized the needs of an underserved veterans population in Florida. Two problems stand out in particular: veterans in the Panhandle lack access to primary care facilities, inpatient services, and specialty care within an acceptable driving range; and, Orlando is a major metropolitan area without a VA hospital. The CARES plan addresses both these problems, but concerns still remain over whether the VA will be able to implement the proposed solutions for these areas.

I wholeheartedly endorse the placement of a new VA hospital in Orlando. This is a central location that would provide care within an acceptable driving distance to the largest number of veterans. Requiring sick and elderly veterans to travel hundreds of miles for care is simply unacceptable. With my endorsement of the hospital in Orlando, I pledge my full and focused support when the hospital's construction is requested by the Department of Veterans Affairs and approved by Congress' authorization and appropriations processes. I also think that the veteran population in Southwest Florida will demonstrate the need for an additional hospital in the Fort Myers area.

The preliminary analysis behind the draft national CARES plan gave considerable attention to the Lake City VA Medical Center. The services provided by the Lake City facility are absolutely essential to the veterans in that community. I recently visited Lake City and heard about the apprehension felt by these veterans as they faced the potential loss of services. Although there is a VA facility in Gainesville, Lake City provides care to veterans across a large area of North Florida and South Georgia. Adding forty miles to the commute of those veterans, who already travel long distances to Lake City, would be contrary to the purpose of the CARES process. We must preserve the Lake City facility because of the needs of the large number of veterans that it serves.

A large portion of the draft CARES plan focuses on the creation, growth, or enhancement of DOD/VA facilities and services sharing agreements. These sharing agreements are intended to meet the majority of veterans requirements in the Florida Panhandle, which falls under VISN 16, as well as outpatient services at McDill AFB in Tampa and inpatient services at the Jacksonville Naval Hospital, both in VISN 8. DOD/VA sharing agreements allow the VA to more quickly address needs in underserved communities through the use of existing federal medical facilities. Unfortunately, as became apparent at the VISN 16 CARES hearing in Biloxi, Mississippi, there is a lack of direction from the Defense Department as to their commitment to and understanding of sharing agreements. I intend to write a letter to the Defense Department in support of DOD/VA sharing agreements and request an official policy directive or regulation that will explicitly establish the DOD's commitment to and plan to implement these agreements. The draft CARES proposal relies heavily upon these agreements in Florida, and I want to work with the VA, the Commission, and the Department of Defense to ensure that we achieve the objective of adequate health care for our veterans.

The issue that demands the attention of the commission in regards to DOD/VA sharing is any impact that Base Realignment and Closure of military installations outside of Florida would have on Florida's military medical facilities and their ability to provide care to the veterans' community. Priority treatment at a military treatment facility must go to the service personnel at that base. However, we must also bear in mind the capacity of these facilities over time to also provide care to the veterans community. With the closure of Navy training facilities and installations in Puerto Rico, important military operations and exercises will relocate to Florida, potentially increasing the demand on existing military medical facilities. This trend could place pressure on the capabilities of the medical facilities at those installations, making it more difficult for them to meet the needs of veterans.

I support DOD/VA sharing agreements as a logical solution to the lack of medical care facilities for veterans in Florida. We need to ensure that the CARES Commission, the Department of Defense, and the Department of Veterans Affairs address these concerns.

Finally, I want to encourage the commission to continue to revisit the veterans population projections used in the draft national CARES plan. Twenty-year projections may soon be out of date, as our military commitments around the world create a new generation of veterans who will be turning to the VA system for quality health care upon their return to the United States.

I thank you for your consideration of these thoughts and I look forward to working with you in the future.

Sincerely,

A handwritten signature in black ink that reads "Bill Nelson". The signature is written in a cursive, flowing style. The first name "Bill" is written with a large, prominent "B", and the last name "Nelson" follows in a similar cursive script.